



**ARIZONA STATE RETIREMENT SYSTEM (ASRS)**  
**CHANGE OF ADDRESS/NAME**

PLEASE PRINT

COMPLETE AND SEND  
TO: ASRS  
PO Box 33910  
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000  
Tucson (520) 239-3100  
Toll-Free (800) 621-3778  
TTY (602) 240-5333  
Fax (602) 240-2096

Disclosure of your Social Security Number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security Numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

Social Security Number	Member Name (Last, First, Middle)
Home Telephone Number (       )	Member Status: (Check One) Retired <input type="checkbox"/> Non-Retired <input type="checkbox"/> Refunding <input type="checkbox"/> Other <input type="checkbox"/>
E-Mail Address	

**CHANGE OF ADDRESS**

**MAILING ADDRESS - PLEASE INDICATE BELOW WHERE YOU WOULD LIKE ASRS INFORMATION TO BE SENT:**

In Care Of (If Needed)	Effective Date Of New Address	
Primary Address	Suite/Apt Number (If Needed)	
City	State (or Country)	ZIP

**HOME ADDRESS (IF DIFFERENT FROM ABOVE)**

In Care Of (If Needed)	Effective Date of new Address	
Home Address	Suite/Apt Number (If Needed)	
City	State (or Country)	ZIP

**CHANGE OF NAME: A COPY OF THE LEGAL DOCUMENT ESTABLISHING THE NAME CHANGE MUST BE INCLUDED WITH THIS FORM FOR PROCESSING. DON'T FORGET TO SIGN BELOW (i.e. divorce decree, marriage license, passport)**

Name Currently On File With The ASRS
Please Change My Name To

Member Signature	Date
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